



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: SERVICES

Subject: Supported Living

References: ARM: 37.40.1438

DEFINITION

Supported living is a comprehensive habilitation service designated to support individuals with brain injuries, or other severe disabilities, in the community. Individuals receiving supported living services may reside in any non-institutional setting.

COVERED SERVICES

Supported living is a bundled services which includes: independent living evaluation, homemaking, habilitation aides, behavioral programming, non-medical transportation, specially trained attendants, day habilitation, residential habilitation, prevocational training, supported employment, 24-hour availability of staff for supervision and safety, and service coordination to coordinate supported living services.

SERVICE REQUIREMENTS

Providers must have two years' experience in providing services to persons with physical disabilities. Under certain circumstances, a HCBS case management team (CMT) can provide supported living. A CMT may decide not to use a bundled service but instead oversee separate services.

Members of this service must have identifiable HCBS goals that are reviewed by the CMT every 6 months or more frequently if necessary. Supported living providers must show progress in the achievement of these goals. If progress is not apparent, the CMT must renegotiate the rate to reflect diminished goals.

In contrast to post-acute rehabilitation, which provides short-term rehabilitative treatment, supported living is a long term support service.

SERVICE LIMITS

As this is a high-cost service, enrollment is limited. Supported living candidates must be prior approved by the Department by following the process for CC3 referrals outlined in sections HCBS 403 and HCBS 899-21.

An individual in supported living may not receive other waiver services that would be duplicative to those included in the supported living plan.